

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
May 21, 2014, 9:00 am to 12:00 pm
United Way Conference Center, Room E
1111 9th Street, Des Moines, Iowa
MEETING MINUTES

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Lori Reynolds (phone)
Kenneth Briggs Jr.	Brad Richardson (phone)
Ron Clayman (phone)	Jim Rixner
Jackie Dieckmann	Joe Sample (phone)
Jim Donoghue	Dennis Sharp
Doug Keast	Kathy Stone (phone)
Gary Keller	Gretchen Tripolino
Todd Lange	Kimberly Wilson
Sally Nadolsky	Ann Wood (phone)

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Jim Chesnik	Amber Lewis
John Eveleth	Todd Noack
Kris Graves	Donna Richard-Langer
Diane Johnson	Lee Ann Russo
Julie Kalambokidis	Christina Schark
Sharon Lambert	Kimberly Uhl

OTHER ATTENDEES:

DeeAnn Decker	Iowa Department of Public Health
Connie Fanselow	DHS, MHDS, Community Services & Planning
Anna Killpack	Parent of a child with SED
Craig Matzke	Iowa Law Enforcement Academy Jail Training Program Coordinator
Pat McGovern	Iowa Department of Public Health

Teresa Bomhoff shared some pre-meeting announcements:

- Michelle Meadors, a member of the Olmstead Consumer Task Force, has been named Ms. Wheelchair Iowa and is working to raise the money necessary to travel to the national competition. Anyone interested in contributing to the fund can contact Dawn Francis.
- Anna Killpack is attending the meeting today as a guest. She is from Neola, just north of Council Bluffs, and has applied for membership to the MHPC as the parent of a child with SED. Anna has a son who is almost 16 and has been diagnosed with paranoid schizophrenia. She has been dealing with the mental

health system since her son was 12 and wants to make the system better for children and adults. She has served on the advisory committee for Region 1 of the Office of Consumer Affairs, is a member of NAMI, and a NAMI Basics instructor. She is not a provider or state employee.

- Good wishes go out to Kimberly Uhl has been extremely ill for the last several months and is still struggling to regain her health.
- The July 16 Council meeting will be held at the Iowa Veteran's Home in Marshalltown; members will receive more information as the date gets closer.

Teresa Bomhoff called the meeting to order at 9:15 a.m., with seven members present and six participating by phone. The three action items on the agenda were postponed for lack of quorum:

- Approval of January meeting minutes
- Approval of March meeting minutes
- Vote on nomination of Ann Kilpack

STATE AGENCY UPDATES

Corrections – Gary Keller reported. He said they are well into a year of rearranging to prepare for the closure of the old facility at Ft. Madison and the transition to the new State Penitentiary.

- The new prison being constructed in Ft. Madison has been delayed again
- It has been a time of change, while services and beds have been reorganized to allow for better management and quality of care
- Access has been opened up to more providers
- Placements and levels of care have been reviewed
- The incidence of assaults has dropped
- It is becoming more difficult to place offenders when they are ready for release because resources on the outside are limited; MHIs do not have beds to take them
- Efforts are being made to be more proactive with pre-release planning and to expand clinics using telemedicine to help cover the transition gap from prison to community
- Six out of 12 difficult discharges have been successfully placed
- Mitchellville officially opened in January to serve as the central intake center for all females entering the Iowa Department of Corrections system
- A full time psychiatrist was just hired at Mitchellville and there are at least two other part time psychiatrists
- There are a total of about 300 mental health beds in the Department of Corrections, including: 48 at Clarinda, 23 at Oakdale, 48 at Mitchellville, and 24 at the Iowa State Penitentiary

Doug Keast asked if employment is a consideration when transitioning people back to the community. Gary responded that it is not the first consideration. It is often a

struggle to find a stable living arrangement and many of them are not ready to work right away. Doug said that the Workforce Centers in Burlington and Ottumwa have made connections with the corrections system.

Jackie Dieckmann joined the meeting at 9:45 a.m.

Public Health – Kathy Stone reported. DeeAnn Decker and Pat McGovern will be coming to talk about the IDPH Suicide Prevention Grant later in the meeting. Pat is also the lead person on the Iowa Youth Survey that is conducted every two years to gather information on the attitudes and experiences of middle and high school youth. The next survey will be in the fall and Pat could also talk more about that.

Gerd Clabaugh was appointed as the new director of IDPH on Monday by Governor Branstad. He is very focused on health care. He wants to make sure people can understand the mental health and substance use disorder services available in the new health plans and that people who previously received services through IDPH can access services through their new health care plans. There is concern that people still have access to the same level of services in a timely manner and that deductibles and co-pays are not a barrier.

All of the existing programs continue. IDPH is applying for some grants connected to injury and violence prevention and how that ties into supporting people in their daily lives.

Aging – Joe Sample reported. The IDA is busy writing grant applications for the Administration on Community Living. There is a one-year planning grant related to the Life Long Links no wrong door concept. The result should be a 3-year strategic plan across state agencies for how the “no wrong door” model will be unfolded. It will build on the ADRC (Aging and Disability Resource Centers) model and other initiatives and pull together a road map, identify ways to streamline processes, and make sure that people do not get lost in the system. That application is due in July.

IDA is also working on a Dementia Capable Grant application for a three-year project, which will take a closer look at aging and mental health supports in Iowa and how providers can meet the needs of the aging population. They are working to get a sense of what is happening in Iowa now.

IDA is partnering with DHS (MHDS and IME), the Iowa Association of Area Agencies on Aging, the Office of the State Long Term Care Ombudsman, Magellan Health Services, and Ascend Management Innovations to offer a free ICN (Iowa Communications Network) training on June 20. Online registration is available.

Topics covered include:

- Life Long Links Network Statewide Expansion
- Preadmission Screening and Resident Review (PASRR) in Iowa

- Magellan Health Services—Mobile Therapy, Habilitation, and Integrated Health Homes (IHH)
- The role of the Long Term Care Ombudsman

Mental Health – Gretchen Tripolino reported. The capacity at the Independence MHI has varied over the past year due to extensive remodeling to the aging buildings and infrastructure. A lot of ligature proofing has been done to make the facility safer. Independence has the largest capacity of the MHIs, which includes 25 beds for men, 15 beds for women, 20 beds for children, and a PMIC (Psychiatric Medical Institution for Children) unit that can serve 15 children. The MHI utilizes WRAP (Wellness Recovery Action Plan) and all staff have been trained in trauma informed care. The training has resulted in a reduction in the use of restraint and seclusion.

The MHI is usually at capacity and admissions are made from a waiting list. Gretchen said she manages women's admissions and receives about 10 calls a day from people looking for an acute care bed. She says they do their best to triage and find alternatives in the community. Admissions are contingent on being able to place patients who have been stabilized back in the community and some of the community options have dried up. It is particularly difficult to place people who have a history of fire setting, elopement, or aggressive behaviors. Another challenge is the ability to schedule follow-up psychiatric appointments within a reasonable amount of time. Funding can also be challenging, particularly through working out the changes from legal settlement to residency. Some counties will fund habilitation services, but not residential services, yet many of the people the MHI is working to discharge are not ready for habilitation, they still need a residential level of care.

Jim Rixner joined the meeting at 10:00 a.m.

Medicaid – Sally Nadolsky reported. IME is still working on the Iowa Health and Wellness Plan (IHAWP). Enrollment has passed 100,000. There is a public hearing this afternoon, and the Dental Wellness Plan for everyone on IHAWP will be rolled out June 1. It is administered by Delta Dental of Iowa and provides a core set of benefits including cleaning, screening, and emergency services. More than 600 dental providers have contracted with the Dental Wellness Plan statewide.

Federally Qualified Health Centers (FQHCs) lobbied the Legislature for presumptive eligibility for IHAWP. That provision is in the DHS appropriations bill. There is also \$6 million in the bill for HCBS Waiver waiting lists. The bill still needs to be signed by the Governor and he has the ability to line item veto appropriation items. IME provider manuals will be updated by July 1.

Last year a 1% increase was proposed for all providers. It was just approved and should providers should be getting the increase by July 1. It is retroactive to July 1, 2013.

The change to ICD 10 (International Statistical Classification of Diseases and Related Health Problems) codes has been delayed for another year by CMS (Centers for Medicare and Medicaid). These are the diagnostic codes used on medical claim forms. ICD 9 has been routinely used in the U.S., but the later version, ICD 10, has been used internationally for some time. It was to have been implemented in 2013 and Congress just passed another extension to October 1, 2015.

An RFP (Request for Proposals) has gone out for the new MMIS (Medicaid Management Information System). This is the system that is used to process Medicaid claims. The contract has been awarded to Accenture. The new system will have to run side by side with the old system for six months to make sure the results match.

There is a payment error rate measurement project going on this summer, involving a random survey of providers. Iowa's error rate has been lower than the national average and we hope that will continue. The results will probably be available next spring.

Jim Donoghue and Ken Briggs joined the meeting at 10:20 a.m.

IOWA DEPARTMENT OF PUBLIC HEALTH UPDATES

Pat McGovern, IDPH Suicide Prevention and Iowa Youth Survey Coordinator, and DeeAnn Decker, IDPH Bureau Chief for Substance Abuse Prevention and Treatment presented updates on their programs.

Iowa Youth Survey – Pat explained that the Iowa Youth Survey is conducted in October of every other year to students in the 6th, 8th, and 11th grades across the state of Iowa. It is a collaborative effort involving IDPH, the Iowa Department of Education, the Governor's Office of Drug Control Policy, Juvenile Justice Planning, and DHS. Students are asked to answer questions about their attitudes and experiences regarding alcohol and other drug use and violence, and their perceptions of their peer, family, school, and neighborhood and community environments. The survey has been conducted online since 2008, using Survey Monkey. Individual responses are anonymous. A unique link goes to each school district so results can be separated by district. The data is useful for planning purposes and is available to schools, AEAs (Area Education Agencies), counties, and the State. Regional and state level reports are posted online publicly.

A subcontractor (LA Consortium) cleans and processes the data and generates the reports. In 2008, about 85% of schools participated, and in 2012 about 70% of schools participated. Pat said they are working on outreach activities to encourage good participation this fall. Some school districts are doing a version of the survey every year and work is being done to be able to make use of that data as well.

Todd Lange asked if there are other uses for the data. Pat responded that the data has also been used for grant applications and curriculum development. Research has been done to look at the correlation between substance use and having a parent deployed. Jim Donoghue added that this is the 5th year of the federal grant for Safe and Secure Schools and the information from the survey has been helpful in planning.

There are about 200 questions in all, about a variety of subjects, including suicidology, alcohol and substance use, violence, bullying, and family and social relationships. It is as confidential as it can be and Pat said they are confident that the responses are generally honest. There are filters in place to protect the anonymity of kids where the numbers are small and answers that could be linked by inference to individuals might create consequences. IDPH has been gathering feedback on why some schools choose not to participate. Some believe the survey is too long. Since 2010, some skip logic has been added so that if one key question is answered “no,” a subset of related questions is automatically eliminated. Pat said it is a slow process getting results back and they are trying to shorten that time.

Dennis Sharp joined the meeting at 10:30 a.m.

Suicide Prevention – Pat shared a fact sheet on Iowa’s Youth Suicide Prevention Program. IDPH has received a Garrett Lee Smith State Youth Suicide Prevention Grant from SAMHSA (Substance Abuse and Mental Health Services Administration). Iowa’s project has been named the Youth and Young Adult Suicide Prevention Program (Y-YASP). It is a \$1.32 million, 3-year project aimed at youth and young adults, ages 10 to 24 years to:

1. Implement evidence-based screening for suicide risk at all IDPH substance abuse treatment programs
2. Implement an evidence-based gatekeeper training program for middle and high school educators and school personnel in all Iowa schools
3. Reach youth using social media

The gatekeeper training is to create awareness, help school personnel recognize warning signs, and know what to do. It is an hour-long online training that people can take individually at any time. It is intended to help make people more comfortable with asking the questions they need to be asking. It will be provided through a company called Cognito and is scheduled to be rolled out in August. Currently work is being done to set up and test the system and promote availability of the training to schools.

IDPH is working with the Department of Education and focusing on students in grades 6 through 12. Work is being done to figure out how to track every referral that school personnel make to a mental health appointment and whether or not the student who was referred showed up for the appointment. A nine-question screening tool for suicide risk is also being implemented for all youth and young adults who seek substance abuse (SA) treatment. IDPH is working with the state-funded SA treatment providers to administer the PHQ9 tool. Individuals who screen positive will be referred and tracked to determine if they at least get to a first treatment session.

Jim Rixner commented that it is important to be aware that most people with substance use issues are trying to self-medicate because they have underlying mental health issues.

Jim Donoghue said that there is a SAMHSA-funded initiative called Project AWARE (Advancing Wellness and Resilience in Education) to provide training, such as Mental Health First Aid, to teachers and other adults who regularly interact with students and provide mental health services to youth and their families.

Pat shared examples of the Your Life Iowa “Speak Up” poster campaign to address bullying and suicide prevention. The posters are also available electronically, and include contact information for youth to connect with trained counselors who are available after school, in the evening, and until 2 a.m. They can call a toll free number, send a text, or go to the website for an online chat. The website is at: <http://yourlifeiowa.org>. Pat said they are trying to bring groups together to determine how many suicide-related or crisis calls there are in Iowa every year. They are also working to bring Trauma Informed Care training to Iowa to create more awareness of the effects of trauma.

IOWA LAW ENFORCEMENT ACADEMY TRAINING

Craig Matzke, Jail Training Program Coordinator for the Iowa Law Enforcement Academy, presented information on mental health training for law enforcement officers and jail staff. Craig said he travels across the state training employees who work in jails and considers mental health a passion. Craig said he was formerly a sergeant with the Polk County Sheriff’s Office, where at various times he worked on the street, supervised a mental health unit, and served as a training coordinator. He has experience as a use of force trainer and is a graduate of Force Science. He shared a handout of talking points.

Law Enforcement Personnel:

- Iowa has approximately 6000 law enforcement officers at the state and local levels
- There are about 600 law enforcement agencies
- Most agencies have 50 or fewer employees and serve rural areas of the state
- The Iowa Law Enforcement Academy and other training academies train about 240 new officers each year
- There are about 2500 jailers employed in Iowa and about 1500 communications workers, which includes dispatchers and 911 operators; in rural areas staff often serve dual duties (one person may be both a jailer and a dispatcher)
- There are still areas of the state where 24-hour law enforcement is not available

Training Programs:

- Other academies are operated by the Iowa Department of Public Safety, Western Iowa Tech Community College, Hawkeye Community College, and the Des Moines Police Department
- Iowa also has reciprocity agreements with academies in other states so out of state graduates can test and become certified in Iowa

- The basic law enforcement certification training course is 587 hours and is usually completed in about 14 weeks
- The Iowa Department of Public Safety and the DMPD have expanded academies that run for 22 weeks
- Basic school for jailers requires 40 hours of training; Polk County and Black Hawk County require more training
- Six of the 40 hours of jailer training is mental health related
- Taser Courses are a hot topic; the 8-hour training is proprietary to Taser
- Taser training is offered to all basic law enforcement trainees; if their agency authorizes use of Tasers, they can take the training
- Taser training is a small portion of the use of force training offered at the Academy
- A large percentage of law enforcement officers carry Tasers
- 100% of law enforcement officers carry fire arms
- Simulator training using FATS (Fire Arms Training System), which is an interactive fire arms training using a video screen
- Force on force training with real life hands-on experience

Mental Health Related Training During Basic Training:

- Staff instructors were initially trained to deliver Mental Health First Aid in 2010
- MHFA became part of the Basic Peace Officer Training in 2011 and has been made available to Iowa law enforcement agencies since then as a minimum threshold of mental health training
- Notable agencies that promote MHFA include Clinton County, Jones County, Appanoose County, Marshalltown County Sheriff's Office, and the Marshalltown Police Department
- DMPD includes CIT training in their basic academy
- The Iowa State Patrol uses a training curriculum that is similar to MHFA
- Crisis and Conflict
- Critical Incident Stress Management
- Special Needs Populations
- Stress Management
- Use of Force
- Moral Aspects of Use of Force

Iowa law enforcement officers are required to have 12 hours of continuing education annually. Everyone is encouraged to go beyond the absolute minimum of 4 hours of mental health training that is required. Craig explained that even though officers are well trained, no one can provide them with hard and fast response rules because that officer has to work with what he or she perceives at the moment and what tools they have available at the time. He said there are many factors that play into that. Hesitancy and failure to act can get people hurt, just as using force can and it is important for officers to have as many options as possible available to them when they respond to a

situation. He noted that officers experience trauma during a critical event, just as the others who may be involved.

Craig noted that there is never a waiting list for a bed in jail. Because of that, people come to jail who do not really need to be there, but do not have another place to be. He said that statistically force is only used in about 3% of cases, although 97% of cases rely on presence and direction from law enforcement. There is a critical difference between perceived solutions and the reality of solutions; if you have someone in the back of a police car at 3:00 a.m., they need to go somewhere and there are not a lot of choices available. It is easier and faster to take the person to jail than to the hospital. Craig said there is a lot of empathy among LE personnel for people with mental health issues and they welcome partnerships in addressing those issues. He said that often when police are called, the line is already drawn in the sand, but if they are pulled in earlier in a mental health crisis, they may have more de-escalation tools they can use.

A jail is not a mental health facility; it is a place designed to house offenders. It is not clear how much trauma people may experience in jail while they are waiting for appropriate services.

There have also been incidents where officers have been hurt or killed and where people with mental illness have been hurt and killed. Because of the work they do, it is not unusual for law enforcement officers to develop their own mental health issues. Statistically, they have a suicide rate that is about one and a half times higher than the general population. Craig said we need to take care of people in crisis and take care of the people who take care of us. For example, a person who barricades himself into a house and starts shooting is going to be taken to the hospital for a mental health evaluation, but it would be so much better if we could intervene before we get to a point where bullets start flying.

There is a de-escalation training scheduled for June 4 in the use of “virtual tranquilizer” and verbal techniques developed by Andra Medea, who is a former college professor and author who studies and teaches in the area of conflict resolution. Craig said this is new material that has been used in the Chicago area with probation and parole personnel and has shown some success. This will be a 6-hour training held at the Academy and will cost \$75 per person. It could also be a networking opportunity; it is a collaborative effort involving first responders, emergency room personnel, group home staff, and others are welcome to participate.

Teresa Bomhoff encouraged Craig to apply for membership on the Council as a public/private entity to enhance communication and coordination between mental health and law enforcement.

EMAIL VOTE

Quorum was not achieved during today’s meeting, so Teresa Bomhoff will send out a request for members to vote by email on the following items:

1. Approval of the January 15, 2014 meeting minutes
2. Approval of the March 19, 2014 meeting minutes
3. Nomination of Anna Killpack to become a Council member in the category of parent or guardian of a child or adolescent with serious emotional disorder
4. Nomination of Craig Matzke to become a Council member in the category of public-private entity

The meeting was adjourned at 12:30 p.m.

ADDENDUM JUNE 27, 2014

On June 20, 2014, Chair Teresa Bomhoff sent an email to Council members, asking for their votes on four items:

1. Approval of the January 15, 2014 meeting minutes
2. Approval of the March 19, 2014 meeting minutes
3. Nomination of Anna Killpack to become a Council member in the category of parent or guardian of a child or adolescent with serious emotional disorder
4. Nomination of Craig Matzke to become a Council member in the category of public-private entity

Twenty votes were needed to established quorum. Twenty-three members recorded votes to approve all four items:

Ken Briggs Jr.	Sharon Lambert	LeAnn Russo
Jim Chesnik	Todd Lange	Joe Sample
Jackie Dieckmann	Amber Lewis	Christina Schark
Jim Donoghue	Sally Nadolsky	Dennis Sharp
Kris Graves	Lori Reynolds	Kathy Stone
Julie Kalambokidis	Donna Richard-Langer	Kim Wilson
Doug Keast	Brad Richardson	Ann Wood
Gary Keller	Jim Rixner	

Gretchen Tripolino also voted to approve items 2-4, abstaining from the vote on the January minutes because she joined the Council in March.

The January and March minutes were approved, and Anna Killpack and Craig Matzke were elected as new Council members.

Minutes respectfully submitted by Connie B. Fanselow.